

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024337

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3425

FILED JUL 5 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kansas City

Length of stay in 1b

1 Month

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Research Hospital

Inside, Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Jackson

c. CITY

OR TOWN

Oak Grove

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

1311 Austin

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Dora

Middle

Gordon

Last

4. DATE OF DEATH

Month

Day

Year

June

17

1963

5. SEX

female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-13-1883

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Jackson County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

L. J. Gordon

13b. MOTHER'S MAIDEN NAME

Lucy Gordon Philpot

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Bulah Gordon

Oak Grove Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary infarction

INTERVAL BETWEEN ONSET AND DEATH

12 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Falling. Fracture of hip

4-24-63

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fell in home

20c. TIME OF INJURY

Hour Month, Day, Year

8:00 a.m. Apr. 28, 63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

Oak Grove Mo. Jackson Mo.

COUNTY

STATE

21. I attended the deceased from Apr. 28, 63 to Apr. 28, 63 and last saw her alive on Apr. 28, 63

Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

C. Liston M.D.

22b. ADDRESS

Oak Grove Mo.

22c. DATE SIGNED

6-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

6-19-1963

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

Oak Grove

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Royer Funeral Home Oak Grove, Mo.

25. DATE RECD. BY LOCAL REG.

6-18-63

26. REGISTRAR'S SIGNATURE

Ruth N. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

C. Liston

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Kenneth Rogers

Licensed Embalmer No. 4591

P. O. Address Oak Grove, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.